

# CHHS - Request for Dean's Funds

**Amount Requested:**

**Justification for Request:**

Check at least one category:

Travel (*Employee Travel Authorization Form must be also completed & approved*)

Event Expense

Equipment (*please provide quote*)

Personel (*student employees*)

Grant Cost Share

Research (*Please submit a budget justification, itemized budget, and a one-page proposal that identifies research or scholarly activity outcomes. A full proposal may be requested as needed*)

Misc./Other

Proposed Implementation Date:

Contact Person:

Email:

Phone:

School or Department:

*Forward completed form to department chair/director for approval*

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## **Department Chairs/Directors ONLY:**

Comments:

Funds committed by department:

Funds from other source(s):

*Forward completed form to [chhs.research@wku.edu](mailto:chhs.research@wku.edu)*

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## **Dean's Office ONLY:**

Approved (Yes/No):

Amount:

Budget Coordinator Signature:

Date:

Dean/Associate Dean Signature:

Date: